

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 24 1960

-60-038217

ENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 144

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains		Length of stay in 1b 6 years		c. CITY OR TOWN West Plains		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 322 Locust		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Julia Middle Anna Last Prewett				4. DATE OF DEATH Month September Day 25 Year 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-18-1876		9. AGE (last birthday) 84		IF UNDER 1 YEAR Months 1 Days 7		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Uniona, Arkansas				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Johnny Cochran				13b. MOTHER'S MAIDEN NAME Minerva Webb				14. NAME OF HUSBAND OR WIFE Perry Prewett					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Myrtle Comstock, Union, Arkansas							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Serum PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH 6 weeks 5 years 5 years			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m. 		Month, Day, Year 											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from 1959 to Sept. 25, 1960 and last saw her live on Sept. 23, 60 Death occurred at 8:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE M. L. Fowler M.D.						22b. ADDRESS West Plains Mo			22c. DATE SIGNED 10/17/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-27-60		23c. NAME OF CEMETERY OR CREMATORY Union Cemetery			23d. LOCATION (City, town, or county) Union, Arkansas						
24. FUNERAL DIRECTOR Carters Funeral Home, Salem, Mo				ADDRESS 		25. DATE RECD. BY LOCAL REG. 10-19-60		26. REGISTRAR'S SIGNATURE Beatrice Cook					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4571

P. O. Address Wilmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.